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**DATE:** March 11, 2005

**TO:** Examiner Jennifer E. Novosad      **FAX NO.:** 703-872-9306  
USPTO GPAU 3634

**FROM:** Jeffrey S. Abel  
Reg. No.: 36,079

**RE U.S. App. No.:** 09/588,396, filed June 6, 2000

**Applicant(s):** Richard F. Buckley

**Atty Dkt No.:** 1035-E3915

**Title:** SLIP RESISTANT HORIZONTAL SEMICONDUCTOR WAFER  
BOAT

**NO. OF PAGES (including Cover Sheet):** 16

### MESSAGE:

Attached please find:

- Transmittal Form (1 pg)
- Fee Transmittal (1 pg)
- Response to Office Action (9 pgs)
- Information Disclosure Statement (3 pgs)
- Form PTO-1449 (1 pg)

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PTO/SB/21 (09-04)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission

15

Application Number	09/588,396
Filing Date	June 6, 2000
First Named Inventor	Richard F. Buckley
Art Unit	3634
Examiner Name	Jennifer E. Novosad
Attorney Docket Number	1035-E3915

**ENCLOSURES (Check all that apply)**

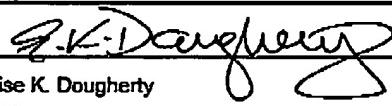
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Form PTO-1449 (1 pg)
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Remarks
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<b>CUSTOMER NO.:</b>
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	TOLER, LARSON & ABEL, LLP		
Signature			
Printed name	Jeffrey S. Abel		
Date	03/11/2005	Reg. No.	36,079

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or printed name	Elise K. Dougherty
	Date
	3-11-05

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (11-04)

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Effective on 10/01/2004. Patent fees are subject to annual revision.

# FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180.00)

## Complete If Known

Application Number	09/588,396
Filing Date	June 6, 2000
First Named Inventor	Richard F. Buckley
Examiner Name	Jennifer E. Novosad
Art Unit	3634
Attorney Docket No.	1035-E3915

## METHOD OF PAYMENT (check all that apply)

 Check     Credit Card     Money Order Deposit Account     None

Deposit Account Number **50-2469**

Deposit Account Name **TOLER, LARSON & ABEL, LLP**

The Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below
- Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
- Credit any overpayments

to the above-identified deposit account.

 Other (please identify): \_\_\_\_\_

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## FEE CALCULATION

## 1. BASIC FILING FEE

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	790	395	_____
Design Filing Fee	350	175	_____
Plant Filing Fee	550	275	_____
Reissue Filing Fee	790	395	_____
Provisional Filing Fee	160	80	_____
<b>Subtotal (1)</b>	<b>\$ 0.00</b>		

## FEE CALCULATION (continued)

## 2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims    Extra Claims    Fee (\$ )    Fee Paid (\$ )  
 - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of total claims paid for, if greater than 20

Indep. Claims    Extra Claims    Fee (\$ )    Fee Paid (\$ )  
 - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims    Fee (\$ )    Fee Paid (\$ )  
 \_\_\_\_\_

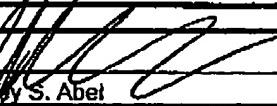
**Subtotal (2) \$ 0.00**

## 3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
1-month extension of time	110	55	_____
2-month extension of time	430	215	_____
3-month extension of time	980	490	_____
4-month extension of time	1,530	765	_____
5-month extension of time	2,080	1,040	_____
Information disclosure stmt. fee	180	180	<b>180.00</b>
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	340	170	_____
Filing a brief in support of appeal	340	170	_____
Request for oral hearing	300	150	_____
Other:			_____

**Subtotal (3) \$ 180.00**

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,079	Telephone 512-327-5515
Name (Print/Type)	Jeffrey S. Abel		Date 03/11/2005

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